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ABSTRACT

Goal setting is a necessary component to any change-oriented counseling. Support groups are logical additions to and often replacements for direct professional interventions. Typically clients who see counselors are dissatisfied with aspects of their personal lives. Along with their perceptions of their present states are their desires to alter or change their states. Discussions focus on how they might reduce the factors which negatively contribute to their lives, while increasing the factors which enhance their lives. The counseling partnership produces goals. Goals are expressions of what clients perceive as end-products of their taking action. Goal Attainment Scaling is a possible vehicle for use with groups who are seeking resolutions to career and other lifespan issues. A Goal Attainment Scale represents a clear statement of each of the client-goals and a five-point outcome scale, from worst to best possible expected outcome for each of the goals. Counselor-educators can teach their clients or students, either individually or in groups, how to construct such a scale. Goals can be personalized and possible outcomes can be established. Support groups can then be formed through which the participants can monitor their progress, rework their goals and outcomes, and receive group feedback concerning their goals. (ABL)

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ABSTRACT

This paper reintroduces practitioners to Goal Attainment Scaling (Kiresuk & Sherman, 1968) as a possible vehicle for use with groups who are seeking resolutions to career and other lifespan issues. Counsellor-educators can teach their clients or students, either individually or in groups, how to construct a Scale and can help them to personalize their goals and to establish possible outcomes. Support groups can then be formed through which the participants can monitor their progress, rework their goals and outcomes, and receive group feedback concerning their goals.

INTRODUCTION

The suggestions made later in this paper are based on two premises. Firstly, goal setting is a necessary component to any change-oriented counselling. Secondly, support groups are logical additions to and often replacements for direct professional interventions.

Goal Setting

Typically, clients appoint to see counsellors when they (or others in their lives who occupy decision-making roles over the clients) are dissatisfied with aspects of their present lives (Peavy, 1987).

Dissatisfaction can be expressed with broad strokes like "I wish I was someone else", "I feel caught", or "I want out" or expressions can be more specific, like "since I retired, life isn't worth two cents", "I'll never get a job", or "I hate my job (courses). I'm so bored, I'm ready to quit."

Similarly, clients' depths of emotional experiences might vary. Their current life situations might be comfortable but for some minor annoyances. "I want a raise", "commuting really drags out the day", and "I can't decide between Harvard and Yale" might describe such situations. On the other hand, "if I want a job, I might have to move my family clear across Canada" and "the training program has a ten month waiting list" might offer examples of moderate discomfort while "I've sold everything. I'm in hock up to my eyebrows and unemployment insurance has run out. What can I do?" suggests an individual in personal crisis.

Along with their perceptions of their present states are their desires to alter or change their states. Discussions focus on how they might reduce the factors which negatively contribute, while increasing the factors which enhance their lives. Through these discussions, the counselling partnerships produce goals. Goals are expressions of what clients perceive as end-products of their 'taking action'. Any change-oriented counselling

experience, then, includes: 1. client expression of dissatisfaction with the present; 2. client desire for a more satisfying future (goal setting); and 3. client commitment to a clear plan of action based on #2.

Motivation, destination and direction are three counselling tasks which the counselling partnership must address. The client may be keenly aware of the motivating factors. However, without goal setting, there can be neither a vision of potentials nor a practical action plan. Peavy (1987) maintained that, without effective goal setting, the client, as consumer, may become suspicious of the counselling session's value or lack of client direction might precipitate a dependency relationship. Peavy suggested that, without clear goals, the client might be more likely to give up. Finally, goal setting invites problem-solving. 'If that is my goal, what can help me get there? What will hinder my progress?' In this way, goal setting is instructional. Knowledge of goal setting and problem-solving skills can enhance an individual's independence. Peavy cautioned that, without goal setting, problem-solving skills are also lost. The client leaves empty-handed. Goal setting, then, "...is a part of the counselling process to develop goals -- and revise them as often as necessary (p.8)."

Support Groups

In his bestselling book, Megatrends (1984), Naisbitt noted that many of American society's help seekers were relying more on their peers than on the institutional care givers. Indeed, Keisler (1980) reported that over 500,000 self-help groups were functioning in the United States as of 1978 and that, in his opinion, "...volunteer programs are perhaps our most potent source ... and our most untapped resource..."(p.1068). In their report on a Delphi poll of a number of respected therapists which sought to reach a consensus as to the future of psychotherapy during the next decade, Prochasia and Norcross (1982) summarized the results which indicated that

the respondents believed that the groups of therapists expected to increase most dramatically were leaders of self-help groups, as well as paraprofessionals.

The reasons for this self-help movement are numerous. From the consumer point-of-view, institutional help giving is, more often than not, impersonal, costly, and difficult to access. Far from impersonal, self-help groups can be described as 'people helping people'. These groups most often represent people who either share or have had similar life experiences and who are contracting to help one another. Self-help groups cost little. Certainly, a self-help group will cost less than professional help care. Finally, self-help groups can be initiated by anyone who has the energy and commitment. Professional help givers might set up help groups which they may coordinate or they may employ and supervise paraprofessionals to lead the groups or, alternatively, individuals can join ongoing groups or begin their own groups which are separate from professional helper-initiated groups.

From the professional caregiver perspective, the self-help groups can release them from ongoing maintenance of client programs so that the professionals can work with more individuals who are actually in crisis. Government-sponsored programs and nonprofit societies are all cutting back on either personnel or programs as a result of cutbacks to social, vocational and educational services. Self-help groups offer a vehicle by which the professionals can more effectively reach more people prior to, during and after crises situations are reached. The professional caregivers would, as a result, reschedule their timetables to include coordination and supervision duties. These new duties might also mean further training for the professionals in areas of supervision and group processes. The work load wouldn't diminish, but the numbers of individuals impacted and the

effectiveness of provided services could be increased.

An Adapted Version of Goal Attainment Scaling

History

Kiresuk & Sherman originally created a measurement tool called Goal Attainment Scaling (G.A.S.) to help evaluate and compare mental health centres in the United States in the early 1960's that were receiving public funding. Since then, G.A.S. appears to have withstood and changed to meet demands during the next two decades (Kiresuk, 1973; Kiresuk, Steimachers, & Schultz, 1982). Adapted versions have been utilized in evaluating educational programs and in counselling alternative school students (de Rosenroll, 1982) and pregnant teens and teenaged mothers (Moyer & de Rosenroll, 1984).

The Adapted Scale

A Goal Attainment Scale represents a clear statement of each of the client-goals and a five-point outcome continuum scale, from worst to best possible expected outcomes for each of the goals. The degree to which the goals are met, by way of the designated outcomes, is described through an aggregate score of the ordinal data.

INSERT TABLE 1 ABOUT HERE

The form consists of three sections: goals, outcomes, and ways of working toward goals (see Table 1). Goals constitute an end or objective towards which effort or movement is directed. At the top of the page, the client and counsellor enter the client's goals which have been generated as a result of the interview. Each goal is then rank ordered using either numerals (number 1 being most important, number 2 being less important, and

so on) or as portions of 100% (50% being more important than 35% and so on). If two or more goals are viewed as equal, then those goals can be assigned similar scores. The counsellor and client might collaborate on rank ordering the goals or the client alone may prioritize them. A third option is that the client and counsellor may rank order the goals independently and the counsellor's ranking of the goals might be added in brackets after each of the client goals. (see Table 2).

Paul was going to graduate from high school at the end of the following term. After graduation, he wanted to find permanent, full-time employment for the next year so that he could save enough money to go to college. He volunteered to join a careers program in his school where, after working individually with his school counsellor, he would join an ongoing support group. Although his long-term goal was to secure a job, he and his school counsellor agreed that Paul needed to continue to concentrate on his studies until graduation. Then he could spend more time focusing on his goal. Until then, they agreed to set more immediate goals: (1) create a resume (he had neither resume nor references; (2) improve his English course grade (Paul was a 'B' student, with a 'C-' to that point in English; (3) gain a better sense of what of the employment that is available he would like or be willing to do.

They decided that, separately, they would rank order the goals and then share their perceptions. Paul ranked English as most important (#1), as did his counsellor. Paul ranked the other goals as being of equal importance (both #2), while his counsellor sensed that Paul's resume might take longer to create than Paul imagined. The counsellor ranked 'resume' as next important (#2) with 'employment awareness' as being less immediately important (#3).

INSERT TABLE 2 ABOUT HERE

Having agreed on one or more goals, the counsellor and client must attempt to express the goal(s) in terms of outcomes. Outcomes represent a continuum of possible consequences or results of the individual's efforts

toward realizing the goal. Goal Attainment Scaling, in its view of outcomes in relationship to goals, differs significantly from a more traditional view of goal setting. Whereas, in the traditional view, a person either realizes a goal or falls short (fails), in Goal Attainment Scaling, a client is asked to perceive the goal as a continuum of outcomes, each of which describes client progress. If the peak outcome is reached, the goal is completed. In Goal Attainment Scaling, however, the termination of the goal through TOTAL attainment is secondary to the client's self-learning while struggling toward the peak outcome of the goal.

Outcomes are expressed semantically and numerically: Least Favorable Outcome [-2]; Less than Expected [-1]; Expected [0]; More than Expected [+1]; Most Favorable Outcome [+2] (see Table 1). Each of the descriptors are guides to the outcomes that might be expressed, from worst to best imaginable, for each of the goals. As the outcomes are each measures of progress towards goals, the outcomes should be stated specifically and behaviorally. As a general rule, each goal and set of outcomes should be understandable to a third party who was not a part of the counselling session.

Outcome statements are really "guess-timates". In part, the client and counsellor must look at the client's previous attempts at working toward the goal. Availability of resources must be considered. The counsellor may have created similar goals for other clients. These experiences may give the counsellor some additional information. 'Control' is another important consideration. The counsellor and client must consider the degree and kind of control the client might have in the attainment of the goal.

Once the outcomes are filled in, the client is asked to designate which one of the outcomes represents the current status. This specific outcome is termed the 'baseline'. Once the client has had an opportunity to work on

the goal, the baseline will serve as a reference point for where the client began.

Paul and his counsellor spent some time looking at his first goal, Improving His English Course Grade (see Table 3). He had a 'C-' and he was in the beginning of the third of four school terms. His grade for the year would be averaged with a final provincial exam to be held in June. They agreed that any extra work that Paul could undertake during the next two terms would have a double payoff. Firstly, he could raise his average and he could be better prepared for the final June exam.

Paul looked at the possible outcomes. His immediate response was that he expected that, with some minimal work, he could improve his grade to a 'C'. They wrote 'C' beside 'Expected Outcome'. He stated that he'd be disappointed if he stayed at 'C-' and would "end it all" if he did worse than 'C-'. The bottom half of the continuum was filled in. They looked at the top.

Paul recognized that, to swing his mark significantly upward, he'd have to do a lot of extra work and a raise in his grade would still be averaged out over the whole year. He, therefore set his 'Most Favorable Outcome' at 'B-' and his 'More Than Expected' outcome at 'C+'. Paul designated the 'Less Than Expected' outcome as representing the baseline as this was quite clearly his current English grade. Paul and his counsellor then worked on each of the remaining two goals.

INSERT TABLE 3 ABOUT HERE

The key ingredient to the completion of the scale is in 'Ways of Working Towards goals', whereby clients and counsellors can brainstorm resources that are available and actions clients can take toward realizing their goals. Without this component, the scale is purely an evaluation tool. With the addition of a 'How To..' component, the scale provides clear information to clients as to how to bridge the gap from where they are to where they want to be.

Paul focused on ways of improving his english grades (see Table 4). He suggested that he could

set aside one hour each night to review the day's work and to complete any in-class assignments. He also suggested that he would sit closer to the front of the classroom to help his concentration. The counsellor suggested that Paul could approach his English teacher to ask the teacher's advice concerning how to improve his grade. The counsellor also suggested that Paul might want to take part in the school's peer tutoring program and that he might want to get involved in the study skills workshop. They also agree that, if any of their ideas became problematic (i.e., difficulty in finding the time to study each night), they could easily create new goals to deal with them.

INSERT TABLE 4 ABOUT HERE

Refinements and Cautions in Goal Setting

One alternative education school tracked on 32 adolescent clients over a period of two years (de Rosenroll, 1982). Total goals for all clients were 136 with an average of 4.25 per student (ranging from low of 1 to high of 8). The researcher clustered the goals into five categories: educational, health, emotional, vocational and recreational. These goal clusters appear to encompass virtually all client goals. Unless the counsellor's mandate specifies only one specific cluster of goals is to be contracted, these headings can serve as useful prompts for both counsellor and client when goal setting. The client can be guided through each of the heading to help the client to recall potential areas for goal setting.

The counsellor needs to be aware of the many problems that the client may have in setting goals. Certainly, prior to a goal setting meeting, many clients will have had very little knowledge of or practice in goal setting. They will need a great deal of supportive direction. Words like 'specificity' and 'measureable' will not necessarily be within their vocabulary. They will have a tendency to create goals which are either

beyond their grasps or so easily attainable that there is no apparent challenge.

Finally, many clients will not be accustomed to tracking their goals. They may be more inclined to take an 'all-or-nothing' attitude such as that suggested in the discussion earlier on traditional goal setting. The identification of the baseline leads to discussions of client movement toward and commitment to goals, rather than goal attainment per se. Establishing the baseline begins the tracking process which can be continued by scheduled meetings with the counsellor or, alternatively, meetings with other clients who form a support group.

SUPPORT GROUPS

Support groups augment or replace counsellors at any point in the goal setting experience. Counsellors may choose to interview each client separately (similar to the case illustration of 'Paul') or to work with a group of clients who, together, discuss their current situations and suggest goals. Groups of clients can effectively be guided through their goal attainment scales. They can exchange ideas and help one another become more clear and concrete in their wording of their goals and outcomes. Yet another way of utilizing peer support might be to train clients in the construction of their goal attainment scales and then have the 'trainees' work with other clients, either in one-to-one or group sessions.

Goal monitoring and maintenance are two tasks that can be undertaken by counsellors with clients in individual meetings or in group meetings. As with goal setting, counsellors could elect to utilize the group members to monitor and maintain their own goals. Counsellors could oversee their groups' progress by occasionally 'dropping in' or by selecting various clients to interview. Several clients or senior members of the groups could

receive additional training in goal monitoring and maintenance issues.

Whatever resource is used at this stage, there will be continuous monitoring issues which must be addressed. However, with suitable training and support, the groups can remain self-sufficient. Counsellors' roles, then, will be to trouble shoot with individual group members and to further educate members in goal setting and support group management.

SUMMARY

Career and lifespan issues counsellors, whether in private practices or in publicly-funded positions, are unable to meet the continuing and expanding client demands. A fluxuating economy, increased environmental stressors, changing values, changing workplace patterns and human service financial cutbacks are all contributing factors to this burdensome situation.

New vehicles must be used to meet client needs and to encourage client independence from the professional helping community and to facilitate client interdependence with the community in which they live. Skills like goal setting, monitoring and maintenance can be learned. All of these skills are generalizable and, therefore, the inner world of employment counselling can have real impact on the day-to-day problems that clients will need to solve outside in their communities.

Similarly, if counselling professionals wish to foster community interdependence, they must relinquish some of the control. Indeed, support groups, during the last two decades, have wrestled a great deal of control away from the professional help givers back into their own communities. Rather than fight the trend or worry about the lay community's lack of skills, the professional community could encourage community support groups

and both local and federal government agencies could provide leadership and direction toward the offering, support and monitoring of a wider range of services.

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TABLE 1

AN ADAPTED GOAL ATTAINMENT SCALING FORMAT

GOALS:

OUTCOME
LEVELS:

weight: __ weight: __

MOST FAVORABLE [+2]:

MORE THAN EXPECTED [+1]:

EXPECTED [0]:

LESS THAN EXPECTED [-1]:

LEAST FAVORABLE [-2]:

WAYS OF WORKING ON GOALS:

-14-

TABLE 2

AN EXAMPLE OF THREE WEIGHTED GOALS

GOALS:	create a	english	job
	resume	grade	market
WEIGHTING:	<u>2</u> (2)	<u>1</u> (1)	<u>2</u> (3)

MOST FAVORABLE
OUTCOME [+2]:

TABLE 3

EXAMPLE OF OUTCOMES FOR ONE GOAL
(printed on horizontal to conserve space)

OUTCOME LEVELS

GOAL:	MOST FAVORABLE	MORE THAN EXPECTED	EXPECTED	LESS THAN EXPECTED	LEAST FAVORABLE
english grade	B-	C+	C	C- (baseline)	less than C-

-16-

TABLE 4

EXAMPLE OF "WAYS OF WORKING" ON ONE GOAL

GOAL: english grade	
WAYS OF WORKING	1 hr. review/night
TOWARDS GOALS:	in-class seating
	approach teacher
	peer tutoring
	study skills